

Sample

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ORIGINAL DEPARTMENT.

OUR CLINICAL TEACHERS.

No. 5.

F. F. MAURY, M. D.

Dr. MAURY is Surgeon and Clinical Lecturer at the Philadelphia Hospital, also Professor of cutaneous and venereal diseases in the summer faculty of the Jefferson Medical College. In the former institution he had previously served as resident physician and visiting obstetrician. He was appointed one of the surgical staff on the resignation of Prof. Gross in 1865. During the latter part of the war, Dr. Maury was surgeon to the South Street U. S. A. Hospital; and was also for many years chief of the surgical clinic of the Jefferson Medical College, from which institution he graduated in 1862.

As the subject of our sketch is but 31 years of age, his professional success is somewhat remarkable, though none the less deserved. He is a popular clinical teacher, a thorough and conscientious surgeon; and although not robust, an indefatigable and persistent worker. A series of Dr. MAURY's clinics, reported for this journal by Dr. Townsend, attracted attention and elicited commendation. Dr. Maury has successfully amputated at the hip-joint, and resected at the hip and elbow-joints. He is the originator of some novel features in the operation for extrophy of the bladder, which he has twice successfully performed. In short, judging from the past, the future of this gentleman is destined to be distinguished.

COMMUNICATIONS.

SOME EXPERIENCE WITH VARIOLA AND VACCINIA.

By A. D. BINKERD M. D.,

Of Parker's Landing, Pa.

While in charge of the Post Hospital at Fort Pickering, I received the following:

SPECIAL ORDERS, No. 231.

HEAD QUARTERS, DISTRICT OF WEST }  
TENN. Memphis, Tenn, Dec. 30, 1865. }

*Extract, \* \* \* 6.* The patients and detachments at the small-pox Hospital will be mustered for pay on the 31st inst. Assistant Surgeon, A. D. Binkerd, is designated to make the muster and sign the rolls. By order of

BREVET MAJ. GEN. J. E. SMITH.

WM. W. MCCAMMON, Capt. & A. A. G.

Down to this time I had had nothing to do with small-pox, and I naturally felt, as many others doubtless did when ordered to the front on the eve of an expected battle.

Military orders are peremptory and my course was as promptly determined upon. Early next morning I ordered my horse, and at guard mounting, I took the Hernando road, following it about three miles, when I arrived at a one-story, brick, country residence, in the middle of an enclosure. Ornamental trees and evergreens of various kinds grew in great profusion and luxuriance on every side. This was formerly the abode of the wealthy, but war with its strange necessities had converted it into a pest-house.

Dismounting, I entered, and made known my business to the steward in charge, who had likewise received an order similar to mine.

He then conducted me into every department of the house, that I might testify to the actual presence of every soldier, warden or nurse, whose muster rolls I was about to sign. Here I saw for the first time the hideousness of that most loathesome disease, in every grade of its three last stages. And strange as it may seem, my former dread of the disease "vanished into thin air" as I entered the presence of those sufferers. I do not remember the number of them, but I believe there were about thirty or thirty-five in all. My work done, I returned to my post. A relief guard of colored soldiers was sent to this small-pox hospital, to do duty every day. The result was that Fort Pickering, during that winter, was pretty thoroughly infested with small-pox.

I took great comfort in a statement that I remember to have heard Prof. Austin Flint of New York, make during his lectures upon the disease in question, viz: "After the exposure to the poison of small-pox, the stage of incubation is generally long enough to allow thorough vaccination, and should the first attempt fail, even revaccination; thus enabling you to modify the severity of the disease, if not to escape the attack entirely." Upon this I grounded my hope, and vaccinated forthwith. But the only virus I could obtain in the fort, was in the hands of my hospital steward, P. C. Seclor—a Prussian. This he assured me was obtained from the teat of a young heifer, into which he had inoculated the virus of true small-pox at Paducah, Ky. With this virus I vaccinated myself and many others about the hospital, white, colored, old and young. Some of whom had been previously vaccinated and some had not. I had been vaccinated twice in early life, taking effect both times. Of this virus no effect was produced on me. In a few cases inflammation, vesication and pustulation followed in due order, only at the point of insertion. My ward master complained of feeling very sick. He was a large colored man, and had a beautiful scab, in no way perceptibly different from that produced by the true vaccine virus. This was the only case I was able to keep under observation till all the physiological effects occurred seriatim.

In the usual time the adenitis and other unpleasant symptoms subsided, and nothing more was thought of the case. Neither variola nor varioloid followed as a consequence of this vaccination, in any of the cases so vac-

inated by me. Unluckily this is a single case which proves nothing. A plain rehearsal of the facts, however, may not be without interest to some of your readers.

So far I have attended this year only three cases of small-pox and one of varioloid, all of whom recovered except a teething infant under one year of age. These all occurred in one family, none escaping an attack. The first was the head of the family, aged 24 years. He had been vaccinated in early life; but, notwithstanding this, his was the worst case of confluent small-pox I ever saw. I was called to see him, when the shot-like varæ were quite perceptible beneath the skin on the forehead and cheeks. In fact the touch only verified what the peculiar odor of his body suggested to the nostrils. One that has a nose for small-pox need not seek far for diagnostic proofs.

Early and persistent delirium was a prominent symptom in the case. This I partially controlled by the repeated exhibition of a saturated solution of the bromide of potassium, continued for several days, or till the lesions upon the tongue and mucous membrane of the mouth rendered a very dilute preparation of the remedy intolerable. Equal parts of tincture of veratrum and spirits of nitre were given in six to ten drop doses, three times a day, *pro re nata*. Thus the fever was kept in check. The utmost possible cleanliness of body and clothing was enjoined. The whole face was repeatedly painted with the tincture of iodine, full strength, and the room kept darkened. Beef tea and milk, tart apple scraped, and acidulated drinks were the ingesta. Later, brandy, quinine, ect. I had almost forgotten to mention that during the stage of invasion, I gave three compound cathartic pills. This was before I saw the case, the symptoms being described by a messenger. Saline purgatives were given two or three times during the attack. The bowels were moved by enema consisting of three parts water and one of vinegar, (*Niemeyer*), after twenty-four hours without motion.

More attention was paid to saving life than the prevention of pitting. Itching during the stage of desiccation was almost completely controlled by the copious application of a very soft ointment, made of bees-wax and sweet oil, with a little tannin, opium and carbolic acid. This also measurably controlled the smell. In due time tincture of the chloride

of iron in twenty drop doses, with twenty grains quinine to the ounce, was given. Some boils occurred, and an old gun-shot wound, received in our civil war, began to slough and assume an indolent appearance, in spite of a daily application of carbolio acid and glycerine. This improved under the application of a strong solution of the nitrate of silver, and it is now quite healed up. All his finger nails slowly coming off; a new and healthy nail is taking the place of the old.

The next case was the mother. Being thoroughly vaccinated, she had the modified variety and was confined to bed only a few days. The treatment of all the cases was much the same, only modified to suit the age of the patient, omitting the compound cathartic.

The children being just vaccinated, the disease ran side by side with the vaccinia. The infant being vaccinated the second time before taking, probably derived no modifying influence, and succumbed on the sixteenth day. The other child recovered rapidly, eating every scab he could furtively pick off, in spite of its mother's earnest protestations.

In this Alleghany Valley, small-pox is unusually fatal this winter. In some localities more than fifty per cent. of the cases result fatally. In one neighborhood there are reported six or eight deaths thus far, without a single recovery.

Vaccinating is pretty generally resorted to among all classes of people, and I have had complete pustulation follow the act in very aged persons, in some of whom it had previously failed several times.

Several instances are known to the writer in which parties consider themselves exempt from liability to this disease, citing in support of their theory, the fact that they had slept for several nights in the same bed with a sick person, whom it was afterwards ascertained had the small-pox, yet they escaped. This is not only probable, but even possible.

Observation has pretty well established the fact that small-pox is not contagious, certainly not infectious during the stages of incubation and invasion, but pre-eminently both contagious and infectious during the stages of eruption, suppuration and desiccation. Perhaps least so during the stage of eruption. The same law that governs vegetable life in the reproduction of the species, obtains in the reproduction of this disease. Neither the

early leaflets nor the flowers of plants in general, possess the power in themselves, without maturation, to reproduce their kind. The seeds and fruit must first ripen. So small-pox must be fully developed—ripened, if you please, before its transmission to another subject is possible, except we resort to transfusion. During these three last stages, too great caution cannot be exercised to prevent the propagation of so fatal a disease. The last scab that drops from the nose (mostly last in healing, because cold) months after the attack, is just as capable of transmitting the poison as is a drop of pus, only less liable because dry and not so easily absorbed.

The following is the method by which I have obtained the best results in vaccinating: I reduce the scab to powder, mix with pure glycerine; this will remain in a gelatinous mass for a week or more, fit for use. I use a grooved exploring needle, which I insert perpendicularly through the skin on the arm half a dozen times or more, about the junction of the deltoid with the biceps muscles, having previously immersed the needle in the gelatinous virus.

If we are cautious in selecting a point remote from any vein, no bleeding will follow this process, though the needle be thrust quite through the skin. I usually apply a little more virus to the mouths of these punctures, then hold the part to a hot stove, till it is completely erythematous, thus stimulating the absorbents into violent action. I now cover up the part with a bit of ichthyocolla plaster, to prevent the removal of the virus when pulling down the sleeve, and the whole is finished. In this way I have been successful in cases that hitherto resisted every other method.

Glycerine is far preferable to water for mixing the virus; it does not dry so readily. It finds its way into the minutest puncture, carrying with it a portion of whatever it holds in solution.

Infants and persons not previously vaccinated need rarely be punctured, a few simple scratches being sufficient, when the heating process is thoroughly carried out. I have vaccinated sleeping infants, who only awoke when the process was completed.

I have inaugurated an experiment, the result of which I will report in due time, viz: I vaccinate every one who lets me, who has previously had small-pox or varioloid, taking a note of the time elapsed since the occur-

rence of said disease, and noting carefully the result, also the age at which the disease occurred and the age at time of vaccinating.

### ON THE LIGATURE OF VEINS IN SURGICAL OPERATIONS.

By C. SEAVEY, M. D.,

Of Bangor, Maine.

I will give you a brief history and treatment of two cases of surgery, which, to me, are interesting, and perhaps they may be so to your readers.

Case 1. Mr. R. P., of Hermon, Maine, aged 60 years, presented himself to me a few years since for surgical aid. He had a fatty tumor upon the right side, extending from a little behind the axilla down the arm to the elbow, and also down the side to near the crest of the ilium. Another, of a fibrous character, was located upon the abdomen, a little to the left of the umbilicus; both of which were removed. The one upon the side weighed seventeen pounds; the other four ounces. From this operation he rapidly recovered. Two years from this time he came to me again, and I removed the left submaxillary gland, it being scirrhus and enormously enlarged.

From this operation, he readily recovered and appeared well. One year from this time he came again with a large scirrhus tumor upon the left side of the neck, the disease prevailing the various tissues and blood vessels in its locality, and adhering to them with the utmost tenacity. To remove this, it became necessary to ligate the jugular veins and carotid artery, above and below the tumor, taking care to exclude the pneumogastric nerve. These vessels then being divided near the ligatures, were all dissected out with the diseased mass, leaving the cervical vertebra, cesophagus and trachea entirely exposed. The wound which extended from the mastoid process to the sternal end of the clavicle, was slightly closed up by a few stitches, adhesive strips, pledget of lint, etc. No unpleasant symptoms followed this operation, with the exception of a little sloughing of the integuments, and a severe pain in the left side of the head for about five days, owing no doubt, to the non-return of blood. The tumor weighed nineteen ounces.

In about eight months from this time, a

most malignant tumor appeared upon the back between the shoulders. It was so rapid in its growth, and so prostrating in its effects, that nothing could be done but to palliate, and the patient sank under the influence of the disease.

Case 2. Mr. J. Standley, of Tremont, Me., aged 55 years, presented himself to me some three years since, with a scirrhus tumor upon the left side of the neck, and he desired its removal. This was done. As a precautionary step in the operation, a ligature was passed under the carotid artery, just above the clavicle, but was not tied. The jugular veins were ligated above and below the tumor, and were dissected out with the morbid mass as in the above case. The wound healed slowly but effectually, and the patient was restored to health and the enjoyment of life.

The point of interest in these operations is in the tying of the veins and its results, all of which go to prove, to my mind, the fallacy of the theory of our fathers in surgery, to wit: The veins cannot be tied with as much safety as arteries. During thirty five years of pretty extensive practice in surgery, I never have hesitated to tie veins as readily as arteries; and I have yet to witness the first instance of unfavorable results. And I think it will be long, ere I shall exclaim with Sir Astley Cooper, that "If I were the subject of operation, I would rather let my femoral artery be tied, than the vena saphena major." In the above operations, I had the kind and valuable assistance of Dr. THAYER, of HAMPDEN, SHEPARD, and H. H. SEAVEY of Bangor, Maine.

### HOSPITAL REPORTS.

#### JEFFERSON MEDICAL COLLEGE.

Surgical Clinic of PROFESSOR GROSS.

November 25th, 1871.

[REPORTED BY DR. RALPH M. TOWNSEND.]

#### Cystic Mammary Gland.

This patient, a married woman, aged 45 years, has a tumor on the breast which was first noticed a year ago, a great deal of water and blood meanwhile escaping from it. The swelling was unattended by pain, there is no retraction of the nipple, and no lymphatic involvement.

The tumor was diagnosed as a cyst of the gland, and as the woman has passed the period of childbearing, the whole breast, after the administration of chloroform, was excised.



"The class of cystomas," said the operator, "is a large and important one, comprising a number of morbid products, which are not only of very frequent occurrence, but capable of acquiring extraordinary bulk. Their contents are diversified and may either be solid or liquid. Some of these tumors are of new formation, but many are merely alterations effected in the primitive structures—in fact, hypertrophies. They are particularly liable to arise in the skin and mucous membranes, the glandular organs, as the breast, liver, testicle, and thyroid body, in the ovaries and in the subcutaneous cellular substance. They are most common between the ages of 20 and 45 years, and females are more subject to them than males. Cystic tumors are divided into the simple and compound. Varieties of the former, according to the nature of their contents, are serous, mucous, synovial, colloid, sanguineous, salivary, oily, milky, semial and dermoid.

Compound or proliferous cysts, to which the specimen just removed belongs, are characterized by the existence of subordinate cysts, occupied by different organized substances, and giving rise to that peculiar arrangement known as the multilocular or polycystic. Proliferous cysts occur chiefly in the ovary, the mamma, and the thyroid gland, in the first of which they often attain an enormous bulk.

The walls of these cysts, always thin at first, eventually acquire great thickness and strength. In their structure they are cellulos-fibrous, with a strong tendency when they become old, to various degenerations. These cysts, both simple and compound, are always lined with epithelium. They never involve the neighboring lymphatic glands, and the prognosis is favorable. Cystic tumors are not benefitted by constitutional medication, their contents not being amenable to the action of absorbents. Sorbifacient applications as the dilute tincture of iodine, or pressure, will sometimes retard their growth when they are small and superficially seated. Breaking the cysts, or incising them subcutaneously, allows their contents to escape into the surrounding cellular tissue and then, their walls collapsing, may ultimately unite by adhesive inflammation. Iodine injections are sometimes advantageously employed, particularly when the tumor is deep seated. But when the cysts are large or numerous, and when the primitive textures are in a great measure annihilated, the only course likely to succeed, is excision of the entire mass. The slightest remnant, however, must not be left as a secreting surface; the size of a pin's point is capable of reawakening the disease. The parts were well drawn together with adhesive strips, and the after-dressing will consist simply of the application of a light emollient poultice. Prof. Gross said he did not believe in the infusoria doctrine of Mr. Lister, particularly as the cases operated upon by the colleagues of that gentleman, in the Royal Infirmary of

Glasgow, made much better recoveries than did those of Mr. Lister, even though they were not treated with the carbolic acid. "The latter is one of those fanciful preparations that has had its day. As old Ambrose Paré would say—'we have done our work and God will do the rest!'"

#### Encysted Hydrocele of the Spermatic Cord.

Moses K., *æt.* nine weeks, is the subject of congenital hydrocele of the spermatic cord. The tumor is distinctly circumscribed, oval, movable, free from pain, distinct from the testicle, receives no impulse on coughing, and cannot be emptied by pressure. This is evidently an encysted hydrocele, an affection which occurs at all periods of life, but which is more common in infants. The cyst generally originates in an imperfect obliteration of the tubular prolongation of the peritoneum lying under the skin, superficial fascia, and fibres of the cremaster muscle. Sometimes the cyst arises adventitiously.

A delicate sawing needle was now introduced, and a drop of limpid fluid followed its withdrawal. Such procedure alone, in a child of such tender age, may be sufficient to produce obliteration of the sac. Should this not be the case, the parts will be painted with very dilute tincture of iodine, or a strong solution of alum or acetate of lead. Finally, other means failing, one single fine strand of thread will be run through the sac and allowed to remain until the proper degree of inflammation is excited.

George Fish, *æt.* three months, was also brought before the class with an encysted hydrocele of the cord. The tumor was punctured with a needle, its contents allowed to escape, and the following lotion was ordered to be locally applied:

R. Ammoniac hydrochlor., ʒi.  
Acid acetic, ʒss. M.

S.—Add to half a tumblerful of water.

In these cases the testicle is always at the bottom of the tumor, and the tumor is always circumscribed, with well defined outline and some hardness, and is always so situated as to be almost immovable, or not easily pushed about from point to point. It derives no impulse upon coughing, like a hernia. Finally, the exploring needle always settles the diagnosis.

In connection with these cases, Prof. Gross brought before the class the sister of the first little patient, Cecilia K., *æt.* four years and three months, upon whom he had operated at this clinic four years ago on account of an encysted tumor in the cervical region. A long scar reaching from the middle line of the back of the neck to the lower limit and posterior border of the sterno-cleido-mastoid muscle, marked the site of the operation. The jugular vein was so translucent as to be almost mistaken for a portion of the tumor. Notwithstanding, however, the tedious dissection involved, the child made a most excellent recovery.

## Goitre.

Matilda D. aged 26 years, has a large tumor, flattened from side to side, partly overlapping and partly pushing outward the sterno-cleido-mastoid muscle. Tumors of various kinds are liable to occur in this locality, as for instance aneurism of the carotid; but the woman has suffered from no injury to the part, and besides idiopathic affections of this kind being uncommon in this country, they occur at later periods of life and can be distinguished by their pulsation, and whirring, whizzing noise. Secondly. There might be a varicose condition of the jugular veins. Thirdly, a cyst. Fourthly, enlargement of the bursa that here exist in connection with the thyro-hyoid membrane. Fifthly, lymphatic involvement, and sixthly, enlargement of the thyroid gland.

The patient was requested to swallow, and as she did so a decided movement was noticed in the tumor. This would not be the case if this were lymphatic enlargement. Neither has it the appearance of a cyst, an enlarged bursa, or varicose veins. It is, undoubtedly, a goitre, and its peculiarity consists in its lateral expansion and anterior flattening. This patient was born in Bremen, and was the subject of this affection before coming to America. The tumor is soft in the greater portion of its extent, which shows that, as yet, it has undergone no great degeneration. This affection is peculiar to mountainous regions everywhere, although the greater number of cases in this country are found among foreigners. It is epidemic in Switzerland, and so common in Derbyshire, England, the affection is there called Derbyshire neck. It is likewise met with in the inferior animals. Its cause is unknown, some ascribing its production to drinking snow water and others to the calcareous matter found in certain varieties of well water. A tumor of this kind may attain enormous size, with all the bad attendants therefrom arising.

The prognosis of this individual case, as far as treatment is concerned, is of a favorable character, although the great extent over which the tumor is spread almost precludes the possibility of returning it to its natural boundaries. Treatment will consist in stimulating the absorbent vessels, although the application of agents of too stimulating a character must be avoided: otherwise, irritation will be produced, and the mass will be enlarged instead of diminished. The neck will be thoroughly washed, at least once in the twenty-four hours, with hot water and soap, and immediately afterwards a portion of the following ointment will be applied to the surface of the tumor and well rubbed in:

R. Ung. hydrarg. biniodid., ʒj  
Cerat. simp., ʒvj. M.

The patient will also take internally the *Liquor Iodini Compositus*, gtt.viij. in sweetened water three times daily.

A piece of thin flannel and oiled silk will be

worn around the neck. The diet will be regulated and all red meats avoided. Six grains of blue mass, in combination with a grain of ipecac, will be given now and then at bed time to regulate the secretions.

## ALBANY MEDICAL COLLEGE.

Clinic on Diseases of the Mind and Nervous System, by  
PROF. MEREDITH CLYMER.

(REPORTED BY T. D. CROTHERS, M. D., FOR  
THE MEDICAL AND SURGICAL REPORTER.)

## Chorea.

In this case we can trace the cause of chorea to the diathesis of measles. This child, five years old, was taken in July last with measles, and four days after took a severe cold, causing the rash to disappear; this was followed by convulsions, which terminated in a few days, leaving the organs of speech paralyzed. The chorea began at this time, consisting of twitchings and jerkings, always when the mind is excited. The paralysis of the organs of speech has disappeared, and she can now articulate nearly as well as usual, but the chorea is increasing. Her general health is good. Here the disturbance is functional and located in the nerve centers. Nature is evidently doing much to restore this disturbed condition as seen in the recovery from the paralysis. But the increase of the chorea is owing to some outside stimulus which favors its production. In treatment, particular avoidance of all excitement, friction by rubbing, good diet, with bitter tonics and iron, valerianate of zinc, or hydrate of chloral. If these are steadily persisted in for a long time, recovery will generally follow.

## Chorea—Second Case.

Here is an idiot boy, 25 years old, who has been afflicted from birth. He cannot speak, but he eats and sleeps well, and is not entirely devoid of intelligence. You notice the irregular movements, grimaces and jerkings of the head and neck, and all parts of the body seem to be in motion. The affection here is organic, some congenital defect of the nerve centers. The coördinating power is also affected, making it difficult for him to walk. His legs are thrown out irregularly, and some of his movements imitate functional derangement. He has spasms, at times fixed and rigid. Whether he has much pain or not is difficult to determine. These cases always present a variety of conflicting symptoms, and in the treatment you must be governed by observation and circumstances. If this man should die you would find no lesion or condition of the brain structure to account for these symptoms.

## Epilepsy.

This man has been an "epileptic" for ten years. During the last four years the fits have increased in frequency. When he is excited, they always follow. He has no warning of them, but falls and loses his con-

sciousness, remaining so for three or four minutes. Frequently he bites his tongue and occasionally is noticed to froth at the mouth.

After these fits he sleeps a variable period, awakening refreshed. Although often he has a weary feeling for several hours after. His friends notice that his temper is more irregular, and his memory less acute, although he continues his business as a grocer. These fits or spasms never occur at night. This is essential epilepsy, or one having no lesion in the brain, such as a tumor, clot, or anything resulting in inflammation or from pressure. There are two forms of epilepsy, one the developed, the other the undeveloped. The last is marked by temporary loss of consciousness and no fall, with recovery. The developed, by a sudden loss of consciousness, falling to the floor, with a low cry. There is a deadly palor of the face, then congestion, with a full, red appearance. He bites his tongue, and saliva comes from the mouth in the form of froth, attended with clonic spasms. From three to five minutes of uneasiness elapse, then he comes to, and falls into a deep sleep, from which he awakes with more or less dullness of intellect. No lesion can be found after death, but changes not connected with the disease may be present. This disturbance comes probably from some change in the medulla oblongata, or the vasa motor nerves.

This is apparent in the palor of the face, and the subsequent tendency to sleep. The nerve centers seem to be in a state of suspension. When the spasms are over, congestion of the blood vessels may go on and produce asphyxia. It may be caused by either a central lesion or a disturbance on the periphery of the body. In a case under my observation, the forcible bringing down of the heel on the floor would cause a convulsion. I have seen it caused by a spicula of bone and by a tumor pressing upon the brain, bringing on reflex action. This form of epilepsy is more apt to affect the mind than the other. A gentleman consulted me some time ago about a peculiar feeling that came over him to revenge some fancied insult upon his nearest friends. This impulse came on at irregular intervals, during the day or night, and it required much difficulty to restrain himself from committing crime. He was a professional man, in active business and perfectly well and could find no cause for these feelings. I suspected epilepsy, and when he complained of sour tongue, I caused him to be watched, and it was found that he had well marked epileptic fits, of which he was completely unconscious in the morning.

Under treatment he has partially recovered, and I hope for a permanent cure in his case. The vast number of remedies vaunted are strong evidences that none are specifics. I rely upon a generous diet and general hypnotics. Of these I have found lately that bromide of sodium is the most valuable. I think it more so than bromide of potassium.

The latter, when given for a long time in large doses, brings on serious disturbances of the mental faculties and muscular feebleness of the lower extremities. The bromide of sodium is found to be free from these objections; it is more readily absorbed and eliminated, and, I think, has a less depressing influence on the heart. I have used it many months with excellent effect. Dr. DECAISNE has given it for a year with the same happy results. I give it in twenty grain doses three times per day, and with the exception of constipation I have found the best results from it. Belladonna is sometimes used with good effect; but a nutritious diet, with freedom from excitement, and a hypnotic that will check functional disturbance, will meet many indications, and frequently retard and hold in abeyance this disease for a long time.

## MEDICAL SOCIETIES.

### CINCINNATI ACADEMY OF MEDICINE.

December 16, 1871.

C. G. COMEGYS, M.D., Pres., J. W. HADLOCK, M.D., Secy.

The Nature of Malaria.

[BY D. VAUGHAN, A. M., M. D.]

In a former paper read before the Academy about four weeks ago, I mentioned that marsh poison consisted of volatile oils emitted from plants, and conveyed by rains to low places instead of being permitted to diffuse themselves freely through the entire atmosphere. The effect I ascribed mainly to the slight solubility of these oils in water, as they are dissolved in this fluid when rain occurs, and they are again liberated through the influences of heat and evaporation. But the part which water acts in concentrating malaria to low grounds, is far greater than might be inferred from my brief allusion to the subject, and from the single case which I noticed. It is not merely during the showers of rain, but in its subsequent flow over lands covered with herbaceous plants that the water becomes impregnated with volatile oils, and conveys them to valleys where heat has more influence in delivering them to the air in the form of vapor.

The process of nature corresponds in every respect with the course which has been long pursued in the arts for obtaining these substances from plants. Though essential oils when forming a large part of the product affording them, may be obtained by dry distillation, and though steam may be occasionally used with advantage in their manufacture, yet in most cases, and especially when they occur in plants, in a small quantity, they are separated by aqueous action. The plants are steeped in water, and as this is subsequently made

to boil, the steam carries over the essential oil, which, on condensation, may be obtained in a liquid form. For procuring the ferment oils, the leaves and other parts of plants affording them, require to be steeped in water some days before distillation; and the success of the operation seems to depend on the diminution of solubility with an increase of temperature.

In its passage to valleys the rain which falls on elevated fields and verdant hills must be constantly impregnated with the essential oils of living plants and the ferment oils of their decaying parts. The volatile matter produced over a wide area is thus concentrated into a comparatively small space, and a marsh is thus rendered capable of diffusing an amount of poisonous vapors far greater than could be afforded by the plants growing within its borders. Of the volatile oils which a marsh or an inclosed lake thus receives, some pass into the air as vapor when the water becomes warm, while others require to have its volume considerably reduced by evaporation. The amount of these oils which the air is capable of sustaining as vapor depends on temperature, but it is very inconsiderable even during the hottest summers, while in winter it must sink to an infinitesimally small quantity.

To become saturated with the noxious vapors which they emit, the air over marshes, must be motionless, and to this quiescent or stagnant condition the presence of water in a valley contributes in a great degree. The absorption of heat in the formation of aqueous vapor, must give the lowest air in these localities a higher specific gravity than would be due to its position, and it will be thus less sensible to those forces which produce the more gentle winds. For a similar reason carbonic acid accumulates in the bottom of deep wells, not merely on account of its own high specific gravity, but chiefly in consequence of the increased density which the cool water gives the air, and which is a greater impediment to the effects of diffusion. Brisk winds and storms must evidently prevent the stagnant condition of the air in marshes, and arrest for a time the course of their insalubrity. It is also known that excessive rains stop for a time the effect of malaria, and it is evidently because the limited amount of volatile oils, which vegetation supplies at one time, is more largely diluted and rendered less liable to escape into the atmosphere.

When the numerous streams conveying the water which irrigated many verdant lands unite to form a large river, the latter must be impregnated with the volatile oils which are ever ready to escape into the air whenever compelled to do so by the influence of heat and evaporation. To this cause we may reasonably ascribe the pestilential vapors which lie along the rivers of Italy, and there is reason to believe that the principal part of the malaria of its marshes is conveyed from distant localities by running waters, which

surrender their poisons to the air as they are imprisoned and evaporated in stagnant pools. Rivers also often find the conditions for diffusing their volatile matter when they pass through lakes enclosed by hills, or when they spread their waters over the deltas which are so generally found at their termination in tideless seas.

As volatile oils change their characters by oxydation there must be a limit to the distance to which rivers can convey them in such a manner as to make them injurious to the air. This is evidently the case of the river Nile, which in the latter part of its course runs over 1000 miles without receiving a single tributary. Whatever poisonous inhalations may have contaminated its waters in equatorial Africa must have been either expelled by heat or rendered inert by oxydation. Accordingly its floods do prevent Egypt from enjoying a comparatively healthy climate. This may be partly ascribed to the dryness of the air and the unfrequency of rains in Egypt, but it is well known that at Bussorah, where the climate is equally dry and free from rains, the country is rendered extremely pestilential by the overflow of the Euphrates.

The rapidity with which running waters increase in temperature has a great influence on the emission of their volatile organic matter. In mountainous regions such changes are most conspicuous. Along the southern side of Mount Elberz, in Persia, numerous streams descend to the low lands, and they must be highly charged with volatile oils, as the rains which maintain them fall on lands teeming with verdure. The effect of these waters when warmed in the low lands, where they arrive, is marked in the condition of the climate, and Teheran is accordingly rendered unhealthy, notwithstanding the dryness of the air and the scanty vegetation it affords. For a like cause the principal Italian rivers, having their sources in elevated regions, appear to be more impregnated with malaria on descending to the plains, the lakes and districts through which they pass giving evidence of its malignity. The irrigation of rice fields in Italy has been found so injurious to health that it has been deemed necessary to restrict the culture to certain localities, while in Egypt the culture of rice is not attended with similar consequences.

#### BALTIMORE MEDICAL ASSOCIATION.

##### Chloral and Chloroform in Labor.

Dr. LATIMER.—The use of anesthetics in labor has never, so far as I know, been general in this state. In looking over the reports of those who are accustomed to use them, I find the testimony of obstetricians uniformly favorable. The moral question is not present in this inquiry, but only the safety of the mother and child, and we are justified in using



them simply to relieve the pain, which, in some cases of even natural labor, is excruciating. For my own experience I have never used chloroform except in instrumental cases, and have seen no ill effects follow its use.

SIR JAMES SIMPSON entertained no doubt of the propriety of using chloroform, giving, at the close of the first stage, a quantity sufficient to relieve the pain. He used it in two hundred cases without any bad effects, and not one of them suffered from puerperal convulsions. It diminishes the nervous sensibility, and thus increases the force of the expulsive action. SANSON agrees with Simpson, but thinks it should always be given by means of an inhaler to regulate the quantity of the vapor. STORER, when in obstetric practice, gave regardless of any disease of the heart and lungs. BEATTY used it in conjunction with ergot when the pains were weak and inefficient. YANDALL administered it regardless of organic disease. So far there are no deaths on record resulting from its use in obstetric practice.

HEWITT believes that it predisposes to hemorrhage, and Dr. WM. MARSHALL says that in a case of miscarriage at five months it arrested all expulsive pains. In puerperal convulsions complicating labor there is no difference of opinion. HEWITT says if he could have only one remedy he would take chloroform.

From all I can gather from those accustomed to its use, it is not attended with special danger in natural labor; does not weaken the expulsive powers; does not tend to produce hemorrhage; does not interfere with recovery, and has no injurious action on the child. Of course caution should be used in its employment. In abnormal labors it is used with advantage in craniotomy, turning, application of forceps, etc. When the patient is weak it should be combined with the internal use of stimulants. It should be given at the termination of the first stage, during pain, and when the head presses on the perineum. When it seems to check the pains it should be withdrawn. A handkerchief is all the apparatus necessary for its administration.

By the use of chloral the same indications are, according to the testimony of those experienced in its use in this class of cases, fully met. It relieves pain, quiets spasm, promotes sleep, and does not interfere with the expulsive pains. Dr. LAMBERT says it is a good remedy, and requires no interference with the patient. It should be used at the close of the first stage or beginning of second. It should be given in doses of gr. xv., every quarter of an hour until its effects are produced. One of its advantages is, that its anodyne effects are continued after the parturition and thus gives the rest which is so necessary after that effort. It is claimed that the labor is shortened under its influence. I have used it in combination with ergot. The same general conditions govern its use as govern chloroform, and the

rules of SIR JAMES Y. SIMPSON must be strictly observed.

Dr. WAYSON.—I have used chloroform in ordinary labor in a few instances and seen no unfavorable results, but have not used it often enough to speak positively about it. In instrumental deliveries and turning it is a valuable agent, and I have succeeded much better with it than without it. I have not used it very frequently in natural labor because I think it is nature's order that women should suffer pain at this time.

Dr. MORRIS.—In regard to chloroform I coincide with the remarks of Dr. LATIMER; in all instrumental cases I use it. I have some fear in regard to the protracted use of chloral in these cases. I fear I lost a child last winter from its use. I gave ℥j, and a short time afterward repeated the dose and then delivered by the forceps. The child was dead. The labor only lasted twenty-eight hours, and I can attribute the child's death to no other cause than the use of chloral.

Dr. JONES.—The simple fact of a child being still-born after a labor of twenty-eight hours proves nothing in regard to the use of chloral. There was no examination of the body and nothing in the case to connect the unfavorable result with the medicine.

Dr. UHLER.—I have only used chloroform in instrumental cases. In one case I kept a woman under its influence for six or seven hours, and delivered the child by craniotomy and forceps. The woman died on the fourth day from pneumonia. Whether this was a coincidence or not I cannot say. In a case in which I gave chloral in ℥j. doses, consciousness was not lost and the child was born alive.

Dr. MORRIS.—One advantage of chloral is the beautiful rest it produces after delivery. In the case I mentioned the lady slept the whole day and woke without headache, or a single unpleasant symptom.

Dr. LATIMER.—It is not claimed that chloral relieves the pain completely in the doses mentioned. Those who used it gave gr. xv. every fifteen or twenty minutes until its full effects were seen.

Dr. UHLER.—In a tedious case I gave chloral ℥j. and chloroform ℥v-x. to check the convulsions, and kept her under the influence of chloroform until the chloral had time to act.

Dr. ARNOLD (the President).—My experience is limited in regard to their use in natural labors. In instrumental labors I am only too glad to use chloroform. The greatest interest attaches to its use in natural labor. It would be a great blessing to relieve the pain if our experience would justify us in using these agents in all natural labors. In nine cases out of ten parturition is accompanied by great suffering. It is strange that chloroform should be so little used in these cases when it has been recommended by such high authority, and I think the disinclination to its use owing to the fearful number of fatal cases of chloroform poisoning in surgical practice. Years

ago I used it frequently and never had any unfavorable results, but after the fatal cases multiplied so, I abandoned its use, and of late its administration is rather discouraging. I think we are hardly justified in using it in natural labors. It would be a grand thing if we could safely allay or abolish the suffering of this process. We know so little about chloral that we should hesitate to recommend its use in natural labor, and must reserve it, like chloroform, for instrumental cases.

DR. LATIMER.—The use of chloroform has not so much been abandoned, as that it has never become general. All physicians in lying-in asylums endorse its use, and no death has been reported from its employment. It is also used to a very great extent in instrumental labors and no fatal accident has occurred. What gives this class of cases immunity no one has explained.

DR. MORRIS.—In the last year of Simpson's life a woman died under his hands from chloroform.

DR. LATIMER.—I have seen no such reference, and that is only one case among many thousands. No deaths have occurred from chloral. I use it in every case to which I am called unless there be some contradiction. We must also remember that deaths have occurred in childbirth without the use of an anæsthetic.

DR. FRIEDENWALD.—The cases of death from chloroform have accumulated so in the last few years that I doubt very much whether all the fatal cases in obstetrics have been reported. The public know that labor is generally a safe process, and the most courageous man would hesitate before he acknowledged that chloroform produced the unfavorable result in a case of obstetrics.

DR. HOWARD.—I have a firm conviction that many of these fatal cases occur from an impure article of chloroform. I used it frequently in the army, and in several cases saw

sudden and alarming symptoms, but by substituting another sample, anæsthesia was produced without ill effects. In these bad samples there is some undetected impurity.

DR. LATIMER.—Sansom says that the poisonous ingredient is free chlorine. No doubt Dr. FRIEDENWALD is correct in his remarks. For my own part I have no timidity growing out of its use from any intellectual convictions of its danger. I have used it over two thousand times and have no dread of it. The dangerous objections do not obtain in regard to chloral. It is used by the patients themselves with too great frequency. If it is proper to use an anodyne in any condition of suffering, labor certainly demands it.

DR. ARNOLD.—If the accidents were limited to impure specimens they could be remedied, but, unfortunately, there are cases in which the same specimen has produced death in one instance and no ill effects in others. Those who have paid special attention to the administration of chloroform are at a loss to account for the deaths.

DR. LATIMER.—Is it not by careful use that we are to get this knowledge?

DR. HOWARD.—I would not say that impurity is the only source of danger. The falling back of the tongue from paralysis will produce dangerous symptoms.

DR. LATIMER.—This falling back of the tongue is frequently noticed and does not constitute a danger if you are prepared for it. It only requires a tenaculum for its relief.

DR. UHLER.—I have administered and seen chloroform given about ten thousand times, and met with no deaths as yet. In three cases the patients were saved by vigorous efforts. I have nearly always used Squibb's, and would be slow to employ any other. I saw one case of placenta prævia in which I gave chloroform to turn, but the patient died from hemorrhage before I could do anything.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Perimetritis Simulating Ague.

The following case in the service of Prof. BYFORD, is reported in the *Chicago Medical Examiner*:

This lady presents a condition not unfrequent, though its cause is perplexing. She married thirteen years ago, at the age of 16. Her health was perfect until the birth of her first child, but ever since she has suffered from dysmenorrhœa and leucorrhœa between the menses. She says that four years ago she

was treated for inflammation of the bowels, and at the time of the fire in this city she was again attacked by the same symptoms as before, and having no home left, she entered the hospital. She had fever, pain in the back, hips and abdomen, pain in urinating, nausea and vomiting. The fever was considered to be an intermittent by a physician who saw her before she came to the Hospital. The house physician here prescribed paregoric and nitre, on account of the pain in the bladder, believing she had cystitis, and for the nausea and vomiting he gave her carbolic acid dissolved in glycerine and water. These medicines effect-

nally relieved the symptoms before the patient was seen by the Professor. On examining her, he at once recognized a case of perimetritis. A lump hard as bone, and very tender under pressure, was felt in the left iliac region, extending diagonally into the other iliac region. By a vaginal examination a hard tumor was found filling the pelvis and pressing against the bladder. The consequent inflammation explains the pain in urinating; but besides this tumefaction of the uterus, the pelvic cavity was also filled by a fibrinous exudation.

A mistake in diagnosis is liable to be made by almost any one, especially since examination is frequently neglected. The chills, fever and perspiration occurring every morning, made up apparently a good case of intermittent fever for the physician who saw her; but the dysuria and pains ought to have induced an examination. External exploration should be made in search of hard, resisting masses. Hard tumors can be distinguished by their giving dullness on percussion, whereas the intestines give resonance on percussion. Of course a vaginal examination should be made. The extreme frequency of these cases is often overlooked, because examination is neglected.

The patient was much prostrated, but was considerably relieved by the medicine already noticed. Fomentations of aconite and arnica leaves were directed, and likewise poultices of corn meal or flax-seed. The mixture of muriate of ammonia, tartarized antimony and morphia, was also ordered to be given four times a day. She is improving rapidly and is about ready to go home. At present, 2½ weeks after her entrance into the hospital, examination shows that the pelvic mass is gone, and there is no tumefaction, except in the uterus which is moveable.

#### Disinfectants.

M. GILLE has published in the *Archives Medicales Belges*, an interesting article "On the value of a Disinfectant," in which he says we must not only get rid of offensive smells, but of all other products of decomposition, and that any substance which only effects one of these ends, is a very imperfect disinfectant. He then passes in review some of the disinfectants in common use. Sulphate of iron he considers is useful from its effect of decomposing ammonia, carbonate, and sulphohydrate. Perchloride of iron, besides this, precipitates albuminoid matters, and acts also by its chlorine. Lime disinfects organic matters, fixing carbonic acid and sulphuretted hydrogen, and decomposing hydrosulphate of ammonia. The permanganate of potash is a most energetic oxidizing agent, decomposing sulphuretted hydrogen, destroying organic matter, and acting upon all fixed compounds with which it comes in contact.

It may be remembered that M. DECAISNE

employed it in dissecting rooms, but that M. GOSSELIN, in 1864, reported that it was not adapted for this purpose. Chlorate of potash may be used to disengage chlorine in places that are not easy to reach by other means. This is a capital plan for cesspools and middens.

Chloride of lime acts by the chlorine it sets free, and chemically decomposes most foul gases. M. DECAISNE considers it the best disinfectant of offensive gases. Does it also, mixed with metallic oxides, act by disengaging oxygen as has been asserted? M. GILLE doubts this. He also observes that, although chloride of lime destroys offensive gases, it does not arrest putrefaction, but by the lime set free, hastens the process.

Hydrochloric acid is employed to disinfect dog-kennels. Vessels containing it left open, completely destroys the offensive gases that abound where a large number of dogs are kept. This plan is adopted in the Veterinary School of Brussels.

The action of carbolic acid, M. GILLE says, is not chemical. He accepts what is commonly called the germ theory, inasmuch as he says the acid prevents germs from provoking putrefaction. He also thinks it will hinder the formation of miasms, and is, therefore, a good preventive of epidemics. It is thus to be seen that all the disinfectants are good, but that they should be used with discernment, a selection being made according to the products we wish to get rid of.

#### Treatment of Diseases of the Ear.

We extract the following practical hints from a paper by Dr. LAURENCE TURNBULL, in the *Transactions of the Medical Society of Pennsylvania*, 1871:

##### Foreign Bodies

in the external canal can almost always be washed out near to the orifice of the meatus by the syringe, and then removed by a soft silver curette or angular forceps.

##### Eczema Auriculæ,

acute and chronic. This troublesome affection was treated in its acute form, by soothing applications of bland fluids, the ear being covered with oil silk; and internal tonics were administered, with alteratives of iron, arsenic or mercury. In the chronic form, the ointments of the protonitrate of mercury, or the benzoated oxide of zinc, were used. *Internal Treatment*—Fowler's solution, or the solution of the bichloride of mercury.

##### Inspissated Cerumen.

Soft cerumen should be broken up and removed by the curette, but if hard it must be

softened by a warm solution of bicarbonate of soda in rose water (1 gr. + f $\bar{3}$ i), and then removed by the syringe or curette. This will not always relieve the hearing, as attention must be given to the condition of the lining membrane of the auditory canal, membrana tympani, and middle ear; and applications are often necessary of astringents and alteratives, with the use of the air douche of Politzer, or the Eustachian catheter.

Accumulation of cerumen accompanies a large number of permanent defects in hearing, followed by and being the cause of deafness, producing pressure on the membrana tympani, the delicate bones of the ear, affecting the labyrinth, semicircular canals, and cochlea, which latter contains the nerve of hearing.

#### Furunculous Abscess in the External Meatus.

These abscesses are most exquisitely painful, slow in development, and form a core which is discharged with difficulty. There is also a plugging up of the canal by a swelling of its tissues. The most successful treatment has been the application of moist warmth to the parts and a free incision into the abscess as soon as its presenting point could be determined.

#### Otitis Externa.

This was supposed to be the most frequent form of affection of the ear, but we now know that it is rather rare, and it will be seen there were only 30 in 600 cases. It extends from the orifice of the auditory canal to the external surface of the membrana tympani and is apt to follow violence to the ear, foreign bodies, abscesses, etc. The most successful was proper counter-irritation, by means of small blisters, croton oil, or tincture of iodine, keeping the parts cleansed daily by the use of a mild astringent wash.

#### Purulent Otitis Interna, with Perforation.

In the acute form this occurs in children, and presents all the symptoms of meningitis, but is distinguished from the latter disease by the labyrinth alone being affected, and not the meninges. It is apt to terminate fatally and is almost always followed by complete deafness. The treatment should be counter-irritation by tincture of iodine, the internal use of the bromides of sodium and potassium, with the tincture of the sesquichloride of iron.

#### Acute Aural Catarrh

of the middle ear, with perforation. The treatment of this affection consists in keeping the parts cleansed by Clark's or Thudichum's douche, with astringents, tonics, and counter-irritation, with occasional depletion by leeches or small cups.

This is an affection usually amenable to treatment, and to it the term *otorrhoea* is given. Of ninety-nine cases, thirty-seven were cured, that is, the discharge was checked, but the hearing was not restored in all of them to the

normal standard. We, however, save the patient's life by checking the discharge and relieving the inflammation.

We now come to the most tedious affection of the human ear, the most frequent cause of deafness, and the most difficult to cure if neglected in its early stage, viz:—

#### Chronic Catarrh of the Middle Ear,

with or without perforation of the membrana tympani. If the membrane be perforated, we can cure the noises and discharge more effectually than if it be thickened and the cavity filled with mucus. Treatment of the open membrana tympani: Apply agents in solution or vapor of iodine to give tone to the parts, removing any excessive discharge by a post nasal syringe every day, and employing tonics and alteratives, with good diet to build up the system.

If the cavity of the middle ear is closed by thickened membrana tympani accompanied by various kinds of moist or dry sounds with deafness, artificial perforation of the membrane will be found in some cases successful, driving out from the middle ear by the Eustachian catheter or air douche the accumulation of mucus, pus, etc.; and subsequently we should employ slightly stimulating and astringent washes of zinc, alum, and now and then a solution of caustic potash or bicarbonate of soda, etc. (a few grains to f $\bar{3}$ i of water in the form of spray.)

By this and various other means which we cannot enter into in so brief a paper, we may be able to improve our cases; but if not taken in their early stage, the number of cures will be comparatively small, say only twelve out of one hundred and eleven.

#### Otitis Media,

with inflammation of the mastoid cells, is generally the result of pus being retained in the middle ear (from inflammation), which, seeking an outlet by the internal track which it inflames, softens and ultimately ulcerates these soft cells; and unless the inflammation is relieved, or a new outlet made by means of an incision over the mastoid process, the results are always very serious. This in some cases is all the treatment that is necessary; but in more severe cases, the bone was broken down and the outlet made larger by means of a gouge or chisel. In some instances this has been neglected, and, as a consequence, extensive caries ensued which no treatment of ours could cure; still, in some few instances, by removal of part or a whole of the dead bone, the patient's life was saved.

*Periostitis*, with cerebral abscess, is almost invariably fatal, yet in one case we had all the symptoms in the case, and notwithstanding it recovered.

*Neuralgia of the plexus tympani* is a very protracted disease. It was treated by sedatives of opium, belladonna and tonics of nuxvomica with quinine, to give tone and vigor to the nervous system.



**Effusion of Serum into the Tympanic Cavity or Middle Ear.**

Instead of the usual mucous secretions, there are changes in the layers of the coats of the membrana tympani, causing opacity; or in some instances the membrane is so clear that one-half of it appears of a lighter shade than the lower part, which is of a dark gray. The boundary between the two is marked with a dark blue line; this line, according to POLITZER, has the appearance of a black hair lying upon the membrane. The treatment was the air-douche, used every second day, with restoration of the mucous membrane of the nares and pharynx to a healthy condition.

**Nervous Deafness.**

results from disease or injury of the internal ear, affecting the auditory nerve. The results of treatment are in the main the same as in similar affections of the optic nerve; treatment, galvanic current and the hypodermic use of strychnia or its salts. In sixteen cases, only two were improved.

**Perforation of the Membrana Tympani,**

by blows or foreign bodies, usually heals readily, if treated with care and without irritating applications. If of long standing, with edges covered with granulations, it is difficult to cure. Use a solution of nitrate of silver xx. to xl. grains to the ounce of water, the parts being cleansed with tepid water, and air introduced by the Eustachian catheter to rid the middle ear of any accumulation.

**Acute Inflammation of the Membrana Tympani.**

This affection is accompanied with violent pains in the ear, occurring suddenly with more or less fever and suppuration. Meatus dry, membrana tympani much inflamed, sensitive, opaque, dull, flat and thickened. Prognosis favorable, if treated promptly. Perforation one of the results, but this heals with care and perseverance. Our treatment is perfect rest, free leeching, cupping, or bleeding from the arm, with injections of warm water, glycerine or opium; and toward the termination, mild astringents and counter-irritation with the use of the air-douche.

In chronic inflammation of the membrana tympani there is no fever, and so little pain that the patient is not aware of his disease except by loss of hearing. There is no secretion of cerumen; the membrana tympani is more or less red, or very opaque, dense, with polypi or granulations upon it. Prognosis not favorable. Local and general treatment: The mucous membrane of the nares, pharynx, and Eustachian tube is in almost every case more or less softened, and secretes abundantly. A portion of tannic acid or pulverized alum is blown in through a rubber tube of the size of a large catheter, which is introduced into the pharyngeal space, in the neighborhood of the Eustachian tube, through the lower nasal opening. Instillation of solution

of sulphate of zinc, or powders of protochloride of mercury are blown upon the membrane, while the patient is given iodide of potassium or bichloride of mercury; the Eustachian catheter or Politzer's air-douche being employed every second or third day. *Inflammation of the Eustachian tube* was treated by the means already spoken of under the head of acute aural catarrh; and the chronic form under that of chronic catarrh of the middle ear, with or without perforation. There are numerous kinds of apparatus, by means of which this portion of the ear is reached, and applications made which will be found in the author's work upon this subject.

The treatment of deaf mutism is a subject of much interest to the physician and philanthropist, and numerous means are now employed to improve their intercourse with their fellows; but we cannot enter upon this subject at this time, but hope to do so at some future meeting of the Society.

**Recent Progress in Chemistry.**

Mr. E. C. C. STANFORD says:—I wonder what Sir Humphry Davy would have said to any one who talked about stellar chemistry. That great man, in ridiculing the idea of lighting London with gas, triumphantly asked the fanatics who proposed such a wild scheme, whether the dome of St. Paul's was to be the gasometer? Yet we cannot imagine Regent street illuminated, or rather darkened, with dips again, and to us stellar chemistry has a real meaning. Who will venture to bound a science which reaches far away through space, and with unerring accuracy tells us the composition of distant worlds and distant suns? What can be more humiliating to our small intelligences than the reflection that a distant star will photograph its spectrum on a sensitive surface with the ray of light that left it when the oldest man in this room was a boy? What would the great father of British chemistry have said, had he stood in the lecture room of the Royal Institution, where his great discoveries were made, and seen the burning hydrogen extracted by our great countryman Graham, from a meteorite, the heat and light of another world: or could he look with Lockyer on the burning flames of hydrogen, which dart up from the sun to a height of 50,000 miles, or could he read the flashing telegrams which run so rapidly round our world, that all our notions of time are completely upset, and we actually receive intelligence to-day which was sent to-morrow? (Excuse the apparent absurdity; it only shows how powerless language is to keep up with human progress.) Had he lived with us, he would have seen a large city dependent entirely for its communication with the outer world by a marvellous kind of photography, so minute that it enabled a pigeon to carry a proof sheet of the *Times* under its wing.

## Reviews and Book Notices.

## NOTES ON BOOKS.

We are occasionally asked about the various publications of general interest, which have from time to time appeared from the Surgeon General's office. We therefore append the following list, which will doubtless be interesting to many readers:

**BARRACKS AND HOSPITALS.**—A Report on Barracks and Hospitals, with Descriptions of Military Posts. Circular No. 4. Imp. 4to. cl. and sd., pp. xxxiv. and 494. *Washington*, 1870.

**CHOLERA.**—Report on Epidemic Cholera in the Army of the United States during the year 1866. Circular No. 5. Imp. 4to. sd., pp. xviii. and 66. *Washington*, 1867.

**CHOLERA AND YELLOW FEVER.**—Report on Epidemic Cholera and Yellow Fever in the army of the United States, during the year 1867. Circular No. 1. Imp. 4to. limp cl. and sd., pp. xl. and 156. *Washington*, 1868.

**HIP-JOINT.**—A report on Amputations at the Hip-Joint in Military Surgery. By GEO. A. OTIS. Circular No. 7. Imp. 4to. morocco gilt edges and sd., pp. 88. With 9 Illustrations and 30 Figures. *Washington*, 1867.

**GUNSHOT INJURY.**—A Report on Excisions of the Head of the Femur for Gunshot Injury. By GEO. A. OTIS. Circular No. 2. Imp. 4to. sd. pp. 144. With 3 Illustrations and 69 Figures. *Washington*, 1869.

**HOSPITALS.**—Approved Plans and Specifications for Post Hospitals. Circular No. 3. Imp. 4to. sd., pp. 4. With 5 Tables of Illustrations. *Washington*, 1870.

**MEDICAL MUSEUM.**—Catalogue of the Surgical Section of the United States Army Medical Museum. Prepared under the direction of the Surgeon-General, U. S. Army, by ALFRED A. WOODHULL.—Catalogue of the Medical Section of the United States Army Medical Museum. Prepared under the direction of the Surgeon-General, U. S. Army, by J. J. WOODWARD.—Catalogue of the Microscopical Section of the United States Army Medical Museum. By EDWARD CURTIS. Imp. 4to. half-morocco, sprinkled edges, pp. 664, 136, 162. Illustrated. *Washington*, 1866.

**MEDICAL AND SURGICAL HISTORY.**—Report on the Extent and Nature of the Mate-

rials available for the Preparation of a Medical and Surgical History of the Rebellion. Circular No. 6. Imp. 4to. half-morocco and sd., pp. 166. Illustrated. *Washington*, 1866.

## BOOK NOTICES.

**Consumption: Its Pathology and Treatment.** To which is appended an essay on the use of Alcohol in the Treatment of Consumption. By WADE MINOR LOGAN, M. D., Philadelphia: S. W. BUTLER, M. D., 1872. 1 vol. 12 mo. pp. 90. Price, \$1.

**On the Treatment of Pulmonary Consumption** by Hygiene, Climate, and Medicine, in its connection with modern doctrines. By JAMES HENRY BENNETT, M. D. etc. Second edition, New York. D. Appleton & Company, 1872. 1 vol. 12mo pp. 190. Price, \$2.50.

**Pulmonary Consumption: Its Nature, Varieties, and Treatment.** With an analysis of one thousand cases to exemplify its duration. By C. J. B. WILLIAMS, M. D., F. R. S., etc. and CHARLES THEODORE WILLIAMS, M. A., M. D., Oxon., etc., Philadelphia, HENRY C. LEA, 1872. 1 vol., cloth, 8vo., pp. 315. Price, \$3.00.

The above works present a very complete exposition of the most recent views, theories and experience concerning that disease which destroys more than the most fatal pestilence that visits our shores.

Of the three, that by Dr. WILLIAMS and his son, is the most complete. The elder Dr. WILLIAMS has been in practice forty years, and during the whole of that period, has been a close student of this disease. The earlier chapters treat of the pathology of consumption in considerable detail. \*The origin of the disease is traced to an abnormal condition of the bioplasm, originating from diverse sources. Family predisposition is looked upon as proven. Full abstracts of a number of typical cases are given, and a series of interesting statistics embracing one thousand cases in contributed by the younger Dr. WILLIAMS. The treatment recommended varies with the class of cases, but the general principles are always cod-liver oil, tonics, and pure air, which latter often involves change of climate.

On this latter question—that of climate—Dr. JAMES HENRY BENNETT's work may be considered a leading authority. His present work is extremely practical. After a very brief review of the nature and causes of phthisis he devotes his attention to the means of cure, dividing them into bodily hygiene, climate, and the medical treatment of the complaint. As not only a physician of distinguished skill, but as himself a sufferer

from this justly feared disease, Dr. BENNETT deserves the most careful perusal. We do not find that his views differ materially from those of Dr. WILLIAMS, both laying great stress on the use of tonics, cod-liver oil, purity of atmosphere and a nutritious diet. Neither believes in any antidote or specific in the complaint, and both agree that no single course of treatment is adapted to any great number of cases. Both are free from prejudices and hobbies to a gratifying extent, and we are greatly pleased to see that both (or rather all three) writers coincide in the belief that the duration of the disease is far greater now than it was thirty years ago, and that cures are much more frequent.

Dr. LOGAN's work aims to bring prominently forward the value of nitric acid in the therapeutics of consumption, and the general uselessness and injury of alcoholic beverages in the disease. How far he is correct in speaking of the nitric acid treatment as new depends on what he claims regarding it, for Dr. WILLIAMS (page 257) mentions it as in common use in 1840, and (page 261, 283) limits its employment to inflammatory cases. Dr. BENNETT also speaks favorably of it, but both are far from giving it the unstinted praise of Dr. LOGAN.

Few writers, and few physicians will assent to Dr. LOGAN's objections to alcoholic beverages. His theoretical objections seem to conflict with Dr. BENNETT's views (page 94), and in practice the moderate use of wines is recommended in the two other works as unquestionably beneficial. Nevertheless, Dr. LOGAN's work is one based on careful observation, and deserves attentive consideration.

#### Medical Thermometry and Human Temperature.

By C. A. Wunderlich, Professor of Clinic at the University of Leipsic, etc., and Edward Seguin, M. D. New York, William Wood & Co., 1871. 1 vol. 12mo., pp. 280. Price, \$2.00.

This work consists of two parts, the first being an abridged translation of Prof. Wunderlich's well-known treatise on temperature in disease, by Dr. E. Seguin, while the second and shorter is by Dr. Seguin himself, and is entitled "Suggestions on Thermometry and Human Temperature."

Prof. Wunderlich's treatise is almost classical, and the phraseology he has adopted in describing the phenomena of clinical thermometry, though profuse in neologisms and involved, has been accepted in England, and

will probably be generally received. His observations are of the closest and most satisfactory character, and contain a great deal of positive practical value. Indeed, the thermometer bids fair to rank with the stethoscope as a diagnostic aid.

The instruments, times and manner of taking of observations are fully described, their diagnostic and prognostic value estimated, and the temperature variations in a number of diseases are laid down. The treatise is illustrated by a number of figures, showing temperature variations of a typical character.

Dr. Seguin's essay relates to medical thermometers, tables of temperature, the doctrine of clinical thermometry, thermometry in schools and families, tables of thermometrical equivalents, etc. It is written in his accustomed terse and vigorous style, and is replete with facts and suggestions.

**Neuralgia, and the Diseases that Resemble it.** By FRANCIS E. ANSTIE, M. D., Lond., etc. London and New York: Macmillan & Co., 1871. 1 vol. cloth, 8vo., pp. 296. Also, New York, D. Appleton & Co. Price, \$3.50.

Dr. ANSTIE is always an original, thoughtful and pleasant writer, and the present volume ably sustains the reputation he has already acquired. The obscure and difficult subject of neuralgia in his presentation assumes far simpler and more intelligible forms than in any previous treatises.

His diagnosis and treatment flow directly from his theory of the disease. What this theory is, and how boldly he holds it, are shown in a single sentence which we quote from page 110 (London Ed.): "I expect to convince most readers that the essential seat of every true neuralgia is the posterior root of the spinal nerve in which the pain is felt, and that the essential condition of the tissue of that nerve root is atrophy which is usually non-inflammatory in origin."

Hence, the theories of a gout or rheumatic diathesis, inflammation of the neurilemma, etc., are discarded. A broad line is drawn between neuralgia proper, and those counterfeits which simulate it, such as the pains of hypochondria, locomotorataxy, alcoholism, syphilis, latent gout, chronic rheumatism, dyspepsia, spinal irritation, etc.

The fifth chapter of the first part is a very complete exposition of the true principles of treatment. The remarks relating to the general hygiene of the body, the mind, and the emotions, especially deserve most careful perusal by those on whom devolve the responsibility of guarding others against the attacks of disease.

## MEDICAL AND SURGICAL REPORTER

PHILADELPHIA JANUARY 6, 1872

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

### 1872—VOLUME XXVI.

To our Subscribers, one and all, old and new, we offer, with heartiest good-will, the compliments of another new year. It seems to us almost incomprehensible, yet it is nevertheless a fact that this is the *twenty-second* New Year that we have thus greeted some of them, while many others have received similar congratulations from us from ten to fifteen times—it being over thirteen years since the **MEDICAL AND SURGICAL REPORTER** first appeared in the weekly form. Many attempts have been made to establish weekly medical journals in this country, but with one exception, this alone has succeeded. The **REPORTER** has attained a *bona-fide* circulation which is exceeded by only one or two English medical weeklies. This fact, and the patent one of twenty-five bound volumes which may be found on the book shelves of many hundred physicians in different sections of the country, are a sufficient answer to the carpings of a few self-sufficient young men with whom (in their opinion) wisdom will certainly die, who "don't like the **REPORTER** because it contains too much nonsense"! The sense it lacks is a sense of *their* importance, and a sense of appreciation of the value of *their* contributions

to medical science—at first-class prices! The field is open, such men can start medical journals to their liking—but to *establish* them—"ay, there's the rub"!

A remark of the eminent Professor H. L. HODGE—who had been an editor himself—made to the writer twenty years ago, will never be forgotten, and perhaps had much to do with making the **REPORTER** what it is. He reminded us that we occupied the position of a teacher, with a large constituency. The **REPORTER** is content to occupy the position of a teacher, and not be so exalted a scientific journal as to shoot over the heads of seventenths of its readers. It will not give up its pages to mere theory and speculation while thousands of physicians in the country are ready and willing to contribute *practical* information. The **REPORTER** being an independent journal, frequently publishes articles that are not exactly to the liking of its editors, but there will seldom be found in its pages anything that will not give instruction to some among its thousands of readers.

The **REPORTER** begins 1872 with a larger subscription list than it ever had before, and with better prospects for the future. Let its friends throughout the country continue to aid us as they have done in the past, by their contributions, and by their efforts to extend our circulation, and they will in *that proportion* add to the value and usefulness of the **REPORTER**.

We close these remarks with two or three extracts from recent letters. A distinguished physician of New Jersey of acknowledged high intellectual, moral and social standing, writes—"I have taken the **REPORTER** from the commencement" (in 1847) "and value it more and more as time advances." An intelligent correspondent in Arkansas says—"I have files of the **REPORTER** since 1860, and money could not buy them. If I get befogged I have only to turn to its pages, and in some number I am sure to find a similar case reported." Another in Tennessee, who pos-



esses a full set of the REPORTER bound from 1858 to the present time, says—"Your journal, permit me to say, is so complete a Medical Library in itself, that to the regular practitioner it is a necessity. It certainly has no superior, and but few equals. I cannot afford to do without it and want it in a form to preserve." *Verbum sat sapienti.*

#### THE VALUE OF RECORDS.

We are not of the opinion of Mr. BUCKLE, the learned historian of England, that the substance of all human wisdom is to be found in the sifting and collation of statistics. But no one who has paid attention to the origin of many important social improvements can deny that they have very generally been suggested by facts of this nature.

The value of records, of general average, vital statistics, and similar combinations is apparent no less in the profession of medicine than in the science of political economy. Many means have been devised by which full and accurate reforms of this nature can be secured, and in this country, where we lack the completeness of organization so customary in the civilized States of the Old World, such a discussion is a most useful one.

The statistics of most of our large cities are collected in a more or less careless manner, and cannot be relied upon as furnishing any positive data for study. One of the most prominent reasons is a vagueness in the nomenclature of diseases. No doubt this often arises from a vagueness of diagnosis on the part of the medical attendant, and sometimes from a desire not to hurt the feelings of a family by stating the actual nature of a disease. We have known, for instance, delirium tremens to be reported congestion of the brain, and in one instance a death from chloroform sent in as hemorrhage!

In the country districts no returns at all are made, and hence we are quite unable to form a just opinion of the relative longevity of different portions of a State.

On a previous occasion we have called attention to the proposition, heartily received in England, for a registration of disease, and adverted to its significance in medical studies. With us, if this is done at all, it must be by the efforts of individual practitioners. These can report at the end of a year, for example, the actual number of cases of each disease they have met and the results. A body of such statistics would yield the material for a most instructive volume, the results of which would be highly beneficial to society at large.

No great amount of labor would be required to organize a number of observers willing to undertake the plan. We see how useful are the two volumes of medical statistics of the U. S. army, and how frequently they are referred to in medical works, both at home and abroad. Yet these only relate to an exclusively male body of middle-aged and young adults, of exceptionally good physique, and hence give no true conception of the general healthiness of a district.

#### Notes and Comments.

##### Cundurango.

The Chicago *Pharmacist* gets after the new cancer remedy as follows: It can hardly fail to cause the heart of the American pharmacist to bound for joy to know that Dr. BLISS, from blissful Washington, has announced the blissful intelligence that a cargo of cundurango has arrived in New York, which will be furnished to the profession at the highest possible prices. "See the conquering hero comes!" The very name cundurango has a high and mighty conquering sound—sweetly blended of High Spanish, Guinea Nigger, Fiji, and Whang Doodle. Dr. BLISS has taken steps to Hemboldize the drug at once. We will soon see it marching on across the Continent, side by side with the other heroic names which, by the magic of paid and cheap blacking, blazoned on every bridge, fence and crag, from the Atlantic to the Pacific, have been stencilled upon by the great American heart.

If cundurango has any virtue as a pharmaceutical remedy, it is a very great pity that it has been prejudiced by the exceedingly objectionable conduct of Dr. BLISS, and it is to be hoped that this mess of potage for which

he sold his birthright in the profession of medicine, will fail to yield him the immense revenue which, no doubt, he expected to receive as the price of his apostasy.

#### Croton-Chloral.

Dr. OSCAR LIEBREICH has lately been engaged in investigating the physiological and therapeutical properties of a new organic compound called croton-chloral, which is formed by conducting chlorine gas into allylene. A peculiar action of this new substance in animals is, that at first a high degree of anæsthesia in the head is produced, while sensibility in the other parts of the body remains intact. The second stage is, that the spinal cord loses its functions, and reflex excitability is everywhere extinguished. During that stage both pulse and respiration remain unchanged. The third stage, which is induced by large doses, is characterized by paralysis of the medulla oblongata and death. Animals may, however, be kept alive by artificial respiration, because the function of the heart is not interfered with; while the ultimate effect of hydrate of chloral is to paralyze the heart. The first therapeutical experiments with the new compound were made in the University Clinique of Berlin. Complete anæsthesia of the fifth pair of cerebral nerves was produced in a child, reflex excitability in the other parts of the body continuing unchanged at the same time. Pulse and respiration remained exactly the same during the whole time of the narcosis. Further experiments in insane patients showed that we possess in croton-chloral a remedy by means of which the brain may be profoundly narcotized without any other functions being disturbed, while by chloral not only the brain, but the nervous system altogether, is rendered anæsthetic, and the heart's action is diminished, which must always constitute a source of danger.

Dr. JULIUS ALTHAUS (who reports these investigations in the *Medical Times and Gazette*) considers, therefore, that croton-chloral promises to produce all the good effects of hydrate of chloral without any drawback being attached to its judicious use. Its apparently specific effects on the fifth pair of cerebral nerves makes us indulge the hope that it may perhaps be found useful in that most intractable affection—true tic douloureux, or epileptiform neuralgia of the face.

#### Analysis of Milk in New York.

Dr. SCHWEITZER, assistant professor in the school of mines of Columbia College, New York, has had occasion to analyze a very large number of specimens of milk, gathered by the sanitary inspectors of the Board of Health, and it was a satisfaction to hear him say that he had never found any other adulteration than water. The popular impression, that chalk, calves' brains, and similar unappetizing impurities are added by milk dealers, appears to be erroneous. The chief results obtained by Dr. SCHWEITZER were as follows: Normal milk has the specific gravity of 1.029, and contains from 12½ to 13 per cent. solid constituents. Two out of numerous analyses, afforded:

Water .....	87.81	87.23
Butter .....	3.23	3.81
Casein (cheese) .....	3.57	3.71
Sugar .....	4.69	4.46
Ash .....	0.70	0.79

The best specimens of condensed milk gave: water, 53.54; butter, 13.12; casein, 14.14; sugar, 16.30; ash, 2.60. In the preparation of the condensed milk, 430 quarts were condensed to 100, and the solid constituents increased from 12.55 to 46.46 per cent. These results appeared to warrant the suspicion that 378 quarts had been reduced to 100; but by making the correction, called for by the fact that the quart was a measure of volume while all the determinations were made by weight, the company were found to have actually started with 430 quarts to make 100 of the condensed article. The ashes of milk are rich in phosphates and alkalies.

#### Vaccination Statistics.

The following statistics are taken from the Essay on Vaccination, by EDWARD BALLARD, M. D., University College, London:

1. As regards the decreased mortality from small-pox since the introduction of vaccination.

In London, from 1750 to 1800, 9.6 per cent. of all the deaths were from small-pox. As vaccination became more extensively practiced, the deaths from small-pox decreased as follows: From 1810 to 1820, 4.2 per cent. 1820 to 1830, 3.2 per cent.; 1830 to 1840, 2.3 per cent.; 1840 to 1850, 1.8 per cent.; 1850 to 1860, 1.2 per cent.

In Austria, Prussia, France, Denmark and the British Islands, the decrease has been

strongly marked. We give that of Austria, as the dates are more uniform than elsewhere.

Average annual death-rate from small-pox, per million of population.	1777 to 1806.	1807 to 1850
Lower Austria.....	2,484	340
Upper Austria and Salzburg.....	1,421	501
Styria.....	1,052	446
Illyria.....	515	244
Trieste.....	14,046	182
Tyrol and Vorarlberg.....	911	170
Bohemia.....	2,114	215
Moravia.....	5,402	255
Austrian Silesia.....	5,812	198
Galicia.....	1,194	518

2 As regards the comparative fatality when small-pox attacks those who have been vaccinated and those who have not

Percentage of cases terminating in death.

Place and time of observation.	No. of cases observed.	Among the unprotected.	Among the vaccinated.
France, 1816-41.....	16,397	16	1
Cant. Vaud, 1825-5.....	5,838	21	2
Milan, 1830-51.....	10,240	38½	7½
Carinthia, 1831-5.....	1,626	14½	½
Lower Austria, 1835.....	2,287	26	11½
Bohemia, 1835-53.....	15,640	30	5
London, Small-pox Hospital, 1836-56.....	9,000	35	7
Vienna Hospital, 1837-56.....	6,213	30	5
Wurtemberg, (no date given).....	6,258	39	3½
Malta, no date.....	7,670	21	4

3. As Regards Vaccination. In Wurtemberg in five years, among 84,248 re-vaccinated adults, there were but two cases of small-pox, while among 363,298 adults having been vaccinated in infancy only, there were 1,058 cases. One successful re-vaccination at or after puberty is all that is required to supplement the infantile vaccination. This is attested by the experience of many physicians, and many statistics too scattered to be quoted here. The cicatrix should be well marked.

4. As Regards the Communication of other Diseases by Vaccination. Numerous English, French and German physicians, some of whom have vaccinated over 40,000 children each, testify that they have never known a case of such communication. A few physicians testify to a few isolated cases of the contrary. If they exist, therefore, they must be extremely rare. But there is reason to suppose that in these cases the disease has been communicated otherwise, for certain French and German physicians have tried to communicate syphilis and scrofula in this way, and have failed in every case.

#### Chloral for Toothache.

Dr. PAGE, in the *British Medical Journal*, recommends chloral hydrate as a local application in cases of toothache. A few grains of the solid hydrate introduced into the cavity of the tooth upon the point of a quill speedily dissolves there; and in the course of a few

minutes, during which a not unpleasant warm sensation is experienced, the pain is either deadened, or more often effectually allayed. A second or third application may be resorted to if necessary.

#### Garbage.

It is reported that distillers are experimenting with a process for making spirits from fermented garbage. This repulsive matter is placed in water-tight vats and boiled for several hours, the grease is then carefully skimmed off for soap-making purposes, and the remaining mass is fermented and distilled. The refuse is used as manure. It is stated that a barrel of garbage yields three pounds of soap grease and four gallons of proof spirits.

#### A New Styptic.

Collodion, 100 parts; carbolic acid, 10 parts; tannin (Pelouze's), 5 parts; benzoic acid (from gum), 5 parts. Mix the ingredients in the order above written, and agitate until perfect solution is effected. This preparation has a brown color, and leaves on evaporation a strongly adherent pellicle. It instantly coagulates blood, forming a consistent clot, and a wound rapidly cicatrizes under its protection.

## Correspondence.

### DOMESTIC.

#### Careless Surgery.

EDS. MED. AND SURG. REPORTER:—

Permit me to give you the result of a specimen of "Homeopathic Surgery." Mr. C., a carpenter by profession, æt. 37 years, about 5 feet 7 inches in height, a well-formed stalwart man, was precipitated to the ground from a frame building. The fall resulted in a thoracic dislocation of the head of the humerus. Mr. C. was brought to my office, but being in the country on professional duties I could not render the desired service. Consequently he was taken to the office of Mr. —, one of our six months homeopathic pretenders.

HAHNEMANN had never seen the like before. The oracles were consulted, and Mr. C. was permitted to smell infinitesimal quantities of chloroform for a space of one hour and a half, but all to no good. Then with tape in hand the arm and forearm were carefully measured, and it was decided to give, as a means of gradual elongation, 1-1,000,000 part of a grain of tartar emetic; then again meas-

ured the arm and forearm and finally concluded to make extension. Extended one hour, with now and then a slight *trituration*, when young HAHNEMANN pronounced the head of the bone in its natural place. Then with a bandage applied to the shoulders the poor fellow was sent home. Last Saturday, about four weeks after the occurrence of the accident, Mr. C. came to my office to be examined, saying he could not use his shoulder. I found, on examination, that the head of the humerus was buried under the pectoralis major, far back and partly under the clavicle, the upper half of the arm close to the chest. Before attempting to remove the luxated bone I determined, for my own professional safety, to call in my friend, Dr. W. BERCH, of this city, who, when he arrived, examined the patient and fully corroborated the diagnosis that I had formed of the case. We determined to bleed him; accordingly we opened a vein in both arms and took away three pints. We also administered nauseating doses of *antimonii et potassae tartaras*, then selecting the proper time we placed our patient upon the well side and our heel in the axilla, and made extension obliquely downward and backward, then slightly forward as the head of the bone approached the glenoid cavity, and to our great delight and the satisfaction of all who witnessed the operation, we both felt and heard the head of the bone resume its wonted place, and to-day we find our patient doing well and in fine spirits, with every prospect of a speedy recovery.

Yours truly,

T. R. POTTER, M. D.

Frederickstown, Ohio, November 28, 1871.

#### Fatty Tumor.

EDS. MED. AND SURG. REPORTER:

A. J. H., *et. 57* years, a farmer of temperate habits, thirty-two years ago had a large rising in the right axilla, which was opened and discharged a sanious pus. The rising got well. About two weeks after its disappearance he discovered in the same locality a small lump the size of a pea, which enlarged slowly until 1863, when it took on increased action, and enlarged rapidly until it extended, in 1868 (the first time I saw it), to three inches below the anterior and superior spine of the ilium, pyriform in shape, feeling in some parts hard, in others soft, doughy and elastic, free from pain and tolerating the rudest manipulation: measuring forty-five inches in circumference, at its greatest diameter.

During all this time, from 1832 to 1868, his general health had not been impaired, but the size, weight and friction against the side compelled him to have a sack made and attached or suspended from his opposite shoulder in which to carry this unwelcome companion. At this time I advised its extirpation, but the protestations of his friends were so great against its excision and as he had never ex-

perienced any inconvenience as to health, he "chose rather to bear the ills he had, than fly to others that he knew not of." In the fall of 1870 there came a papular and vesicular eruption, upon the tumor. By a confluence of the vesicles an ulcer was formed and an opening made, whereby a very profuse and offensive amber colored liquid was discharged. This drain continued a few days and the opening healed up. In July 1871 the eruption returned as before, and an opening followed large enough to introduce three fingers, offensive pus flowed in a stream at times for two weeks, the supernatant portion of which showed large quantities of oil globules; the vent again closed. In a few days, I, becoming satisfied there was pent up fluid, again opened it with a bistoury, and a quart of fetid matter came away.

At this time he was having some fever every day, and so emaciated that he was scarcely able to sit up long enough to have the dressings changed, as he wore a wheat bran poultice to the tumor. At this time (in August) he, with his many friends, determined upon an operation as soon as the weather got a little cool, as it was excessively warm at the time. I immediately increased the medicine he was then taking, as follows:

R. Tinct. ferri chloridi, f ʒj.  
Quinine sulph., ʒij. M.  
S.—Twenty drops of this to be taken in f ʒss.  
whisky three times daily with good nourishing food.

He improved upon this treatment for some weeks, and got able to sit up the greater part of the day, when I found he had oedema of feet and legs. I examined the urine, found it acid in reaction, no albumen. As he was doing well excepting the oedema, and I had to be absent some ten days, I postponed the operation until my return, ordering him to stop the use of whisky, but to keep up the iron and quinine.

Oct. 17th—I in company with Drs. YANCEY, WHITESIDES and McFADDEN, proceeded to the house of the patient, and enucleated this mass of fat weighing 21 pounds. I found it supplied by two arteries coming off from the axillary.

The patient recovered from the operation without any untoward symptoms save slight sympathetic fever a few days after the same.

A. H. SCOTT, M. D.,

Dover, Ark., Dec. 5, 1871.

#### New and Successful Treatment of Small-Pox.

EDS. MED. AND SURG. REPORTER:

Well knowing the interest of the profession and the public in the treatment of small-pox, at this time, will you allow me, through your extensively circulating journal, to give my treatment, which has been very successful? in fact, has been as much a specific in my hands, as quinine is in intermittent fever; and not only in my hands but also in the cases of Dr. A. H. BOYER, of Bridesburg.

Considering small-pox purely a blood poison,



and the eruption an effort of nature to throw off or eliminate that poison, I concluded to strike at the root of the disease, and direct my treatment solely to the eradication of that poison. For which purpose, I gave a solution of 2 grains of carbolic acid, and 15 or 20 grains of sulphite of soda every three (3) hours, with no other treatment than an ordinary purge during the initiative or forming fever. The result, after several months' trial with myself and son, has been that in every case of *varicella* and confluent small-pox, on the fourth day of the eruption, the swelling of the face abated, the pulse fell to a normal rate, and the tongue commenced cleaning, the eruption commenced to dry up, and the pustules withered and shrivelled. By the seventh and eighth day of the eruption the patient was convalescent, without a sign or mark of having small-pox after the slight desquamation of the light scales, or scales fell off.

In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally, any soothing or cooling application for the first three days is all that is required, to allay the itching, etc.

N. B.—I am not satisfied that this treatment is a protection from future attacks of small-pox, from the fact that it eliminates the poison from the blood, and dries up the eruption, etc. I believe that it leaves the system in exactly the same condition in which the disease found it. I think vaccination is required after the disease.

D. P. BOYER, M. D.,

256 North 9th St., Philadelphia.

#### The Comitia Minora.

#### EDS. MED. AND SURG. REPORTER:

Though you disclaim responsibility for statements made by correspondents, it is presumed that you do not put in that disclaimer for your editorials. I therefore take the liberty of requesting you to give publicity to a few remarks upon your editorial of the 9th inst., touching the action of the *comitia minora* of the medical society of the county of New York, in the SAYRE-RUPPNER case. As a member of that *comitia minora*, while I am prohibited by the injunction from communicating any history or report of the proceedings in the case, no court forbids my assuring you that were you informed of the truth in the whole matter, you, as I believe, would be the last men to publish the sentiments and the statements your editorial contains. The views you entertain can have their origin in a total misconception of the facts only. They are based upon the statements in the published affidavit of RUPPNER, which in all important respects is totally false, and greatly libelous. You have thus been led into the error of supposing that the *comitia minora* undertook, or rather were ordered by the society to undertake an inquiry into the charges, with the foregone conclusion that

they would result in a recommendation of expulsion.

It is due to the society, to the *comitia minora* and to you, that I assure you that this is quite the opposite of the fact. Individually and, as I have reason to believe, every member of that *comitia minora* will say the same, there was no sympathy with either SAYRE or RUPPNER in the *comitia*. With you, they all agreed that the whole affair reflected no credit on either party, and was totally unnecessary and puerile. I feel at liberty to suggest to you that before waxing vehement against the *comitia minora*, it would be quite as well to be certain that any injustice has ever been committed by its members against RUPPNER. It has never exacted anything of him that was not also exacted of SAYRE. This I assure you upon personal knowledge. Neither SAYRE nor RUPPNER had any valid excuse for objecting to anything asked of them by the *comitia minora*.

Neither should have had any reason for suspecting that the report of that *comitia minora* would have included a recommendation of expulsion. The *comitia minora* certainly did not commence the inquiry with the idea that the offence was one—even if the charge had been sustained—demanding expulsion.

RUPPNER was voted expelled from the society on an entirely different issue, and should the time come when his judge will allow the *comitia's* report you will see that you have done its members a deep injustice, and have taken up the advocacy of the case of a professional outlaw.

Yours truly,

STEPHEN ROGERS, M. D.

New York City, Dec. 20, 1871.

## News and Miscellany.

#### Departure.

Dr. GEORGE H. NAPHEYS, of this city, well known for his valuable treatise on "*Modern Therapeutics*," and other medical publications, left for Europe on the 16th of December. He expects to visit the principal medical centers of the Old World, and we hope to lay before our readers occasional letters from him on matters of professional interest in Europe.

#### Bromide of Potassium.

The increasing use of bromide of potassium (says Mr. E. C. C. STANFORD), another of chemistry's contributions, would have been impossible, were it not for the extraordinary discovery of an apparently evaporated sea water bed in Germany. The amount of bromide consumed in medicine is now enormous, and most of it is derived from this source. The same mines have also completely changed our sources of potash; they produce far more than all the other sources of England and

France put together, and have so reduced the price that carbonate of potash is now largely made in this country at a price which competes most favorably with American pearlash, and will ultimately drive it out of the market. Bromide of potassium is an instance of a substance long used in medicine before its valuable properties were discovered.

#### MEDICAL PATENTS.

—List of Medical patents, issued from the U. S. Patent Office to American inventors for the week ending December 12, 1871, and each bearing that date, furnished by Cox & Cox, Solicitors of Patents, Washington, D. C.:  
Plate for Artificial Teeth, G. Morrison, Palmyra, Wis.; Dental Forceps, N. A. Durham, Duquoin, Ill.; India Rubber Supporters for the Arm, H. Greentree, Baltimore, Md.; Medical Compound for Treatment of Constipation, C. A. Simmons, Waldo, Fla.; Disinfecting Compound, H. A. Tilden, New Lebanon, N. Y. Trade Marks: Medicine, E. Childs, Philadelphia, Pa.

#### QUERIES AND REPLIES.

##### How to Administer Chloral Hydrate.

*Dr. R. H. M., New York, writes:* "Can you, in 'Queries and Replies,' inform me (and at the same time many other readers), the length of time hydrate of chloral may be allowed to remain in solution, in water or syrup, and be safely administered? I have often seen it stated that time effects a change, but never noticed the length of time specified."

*Answer.*—Chloral hydrate should not be prescribed in solution or mixture, excepting when it is to be used immediately. The proper way to administer it is as follows: Procure a number of small drachm vials, well corked—homeopathic vials answer the purpose very well—weigh out your doses of pure chloral hydrate, 10, 15, 20 or 30 grains and put them into the vials, and securely cork them, and administer as required by dissolving in a little sweetened water. Never let it stand in a state of solution. In ordinary cases, we should prefer the smaller doses mentioned above, repeated in fifteen minutes to half an hour, till the desired effect is produced.

#### OBITUARY.

##### JOHN W. GALE, M. D.

A called meeting of the Butler County, Ohio, Medical Society, was held at the office of Dr. C. Falconer, Hamilton, Ohio, December 13<sup>th</sup>, at 3 P. M., to take action in regard to the death of John W. Gale, M. D.

Doctors Scooby (President), Falconer, Huber, McNeeley, Caldwell, Morris, Brown, Beeler and Beauchamp were present.

On motion, Drs. Falconer and Beauchamp were appointed a committee to draft resolutions expressive of the feeling of the members respecting the death of their late associate.

The following was submitted and unanimously adopted: WHEREAS, Dr. John W. Gale, a member of this Society, died on the morning of the 12<sup>th</sup> inst., we think it fitting and proper to take action as a Society on the occasion.

*Resolved,* That in our acquaintance with Dr. Gale we have recognized the Christian gentleman.

*Resolved,* That he has shown himself to be a scholarly physician, well read in his profession, making it a business to keep himself up with the progress of medical science. In professional intercourse he was distinguished for modesty and faithful regard for ethical honor and respect for the right and feelings of others.

*Resolved,* That we tender our heartfelt condolence with his family and friends in their bereavement, and that so far as practical, we will attend his funeral obsequies.

C. FALCONER, M. D.  
H. BEAUCHAMP, M. D.

Drs. Caldwell, Falconer, Scooby, Huber and Beauchamp gave their personal endorsement to the report and expressed their appreciation of Dr. Gale's character as a professional brother; each paying an individual tribute to his worth, in language both fitting and sincere.

The Secretary was instructed to publish the proceedings in the city papers, and to send a copy to the family of the deceased.

W. BEAUCHAMP, Sec'y.

#### MARRIED.

**BUTLER-WHITE.**—December 21<sup>st</sup>, at the First Presbyterian Church, Stapleton, Staten Island, by the Rev. J. P. Rockwell, D. D., Henry L. Butler, Jr., and Cornelia, daughter of the late Dr. S. P. White.

**EWING-ORR.**—By Rev. A. C. Ehrenfeld—Dec. 6<sup>th</sup>, Dr. James R. Ewing, of Mahoning, Pa., and Miss Sadie M. Orr, of Marion, Pa.

**GIBSON-WARREN.**—At Boston, on the 12<sup>th</sup> inst., Charles H. Gibson and Rosamond, second daughter of the late Dr. J. Mason Warren.

**JEWETT-WOOLLEY.**—On the 27<sup>th</sup> day of the 12<sup>th</sup> month, at the residence of the bride's parents, New York, by Friends' ceremony, Dr. Charles T. Jewett and Anna S., daughter of Wardell Woolley.

**JONES-ROBERTS.**—In Hanover, New Hampshire, Dec. 16<sup>th</sup>, by Rev. H. E. Parker, D. D., at the residence of the bride's father, Chester Roberts, Esq., Dr. Ed. G. Jones, of Lebanon, and Miss Cynthia S. Roberts, of Hanover.

**JONES-MARSHALL.**—In Lancaster, New Hampshire, December 12<sup>th</sup>, by Rev. Lyman Clark, Dr. Dan Lee Jones and Emma Frances Murs, all, both of Lancaster, N. H.

**LYMAN-WOODS.**—On November 30, in Manhattan, Kansas, by the Rev. E. Gale, Dr. L. J. Lyman, of St. George, formerly of Trenton, N. J., and Miss Mary E. Woods, of Zeandale.

**RISK-WOODRUFF.**—December 27<sup>th</sup>, by the Rev. Charles A. Smith, D. D., Wm. H. Risk, M. D., of Philadelphia, and Miss Sophia, daughter of George D. Woodruff, Esq., of East Orange, New Jersey.

**WEISTUNG-SMITH.**—December 19<sup>th</sup>, by the Rev. J. L. Smith, J. Weir Weistung, of Harrisburg, Pa., and Miss Emma E., only daughter of Charles G. Smith, Esq., of Vandalia, Illinois.

**WOODS-GOFF.**—December 12<sup>th</sup>, by Rev. B. M. Kerr, John D. Woods, M. D., and Miss Lizzie J. Goff, all of New Castle, Pa.

#### DEATHS.

**BOYDEN.**—Dr. Ebenezer Boyden, a wealthy retired physician, aged 70, of Billerica, Mass., committed suicide Dec. 24<sup>th</sup>, by hanging.

**BRIDGE.**—Of pneumonia, at his residence, No. 115 Remson street, Brooklyn, Joshua F. Bridge, M. D., aged 49 years, 1 month, and two days.

**DWINELLE.**—At his residence, in Baltimore, Md., Dec. 9, of typhoid fever, Dr. Justin Dwinelle, aged 49 years, late brigade surgeon in the Army of the Potomac.

**COLLINS.**—Dr. Stephen Collins, a well-known citizen of Baltimore, died suddenly in that city, Dec. 16<sup>th</sup>.

**DE WITT.**—Dr. William C. De Witt, aged 75, and the oldest physician in Ulster county, New York, fell dead at a patient's bedside, near Saugerties, Dec. 28<sup>th</sup>.

**DORFLEY.**—At Metropolis City, Illinois, Dec. 14<sup>th</sup>, Martha C., wife of Dr. L. H. Dorfley, and daughter of the late William Steel, of this city.

**GUNN.**—In New York, suddenly, Thursday, December 21<sup>st</sup>, Alexander N. Gunn, M. D., in his 61<sup>st</sup> year.

**HARBEST.**—At Bayfield, Wis., December 24, 1871, Dr. Edwin A. Harbest, in his 49<sup>th</sup> year, eldest son of Charles Harbest Esq., of Philadelphia.

**MILLER.**—Dr. John A. Miller, of Logansport, Westmoreland county, Pa., of diphtheria, December 12, 1871.

**PATTERSON.**—On the 17<sup>th</sup> inst., at Avonmore, Delaware county, Pa., in the 80<sup>th</sup> year of her age, Mrs. Helen H. Patterson, widow of Dr. Robert M. Patterson, formerly professor in the universities of Pennsylvania and of Virginia, and director of the mint of the United States.